

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	JM		10/12/01
<b>O.I.P.E. CLASSIFIER</b>		47	10/29/01
<b>FORMALITY REVIEW</b>	BS	JC 3-283	11/14/01
<b>RESPONSE FORMALITY REVIEW</b>	HS	866	03-31-02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 : ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	4-6-03
1	✓
2	✓
3	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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